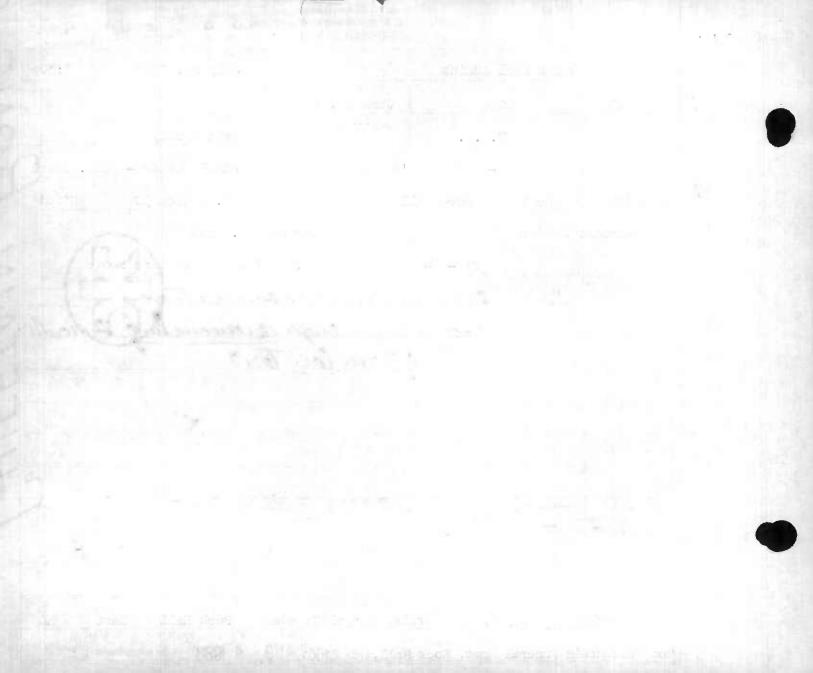
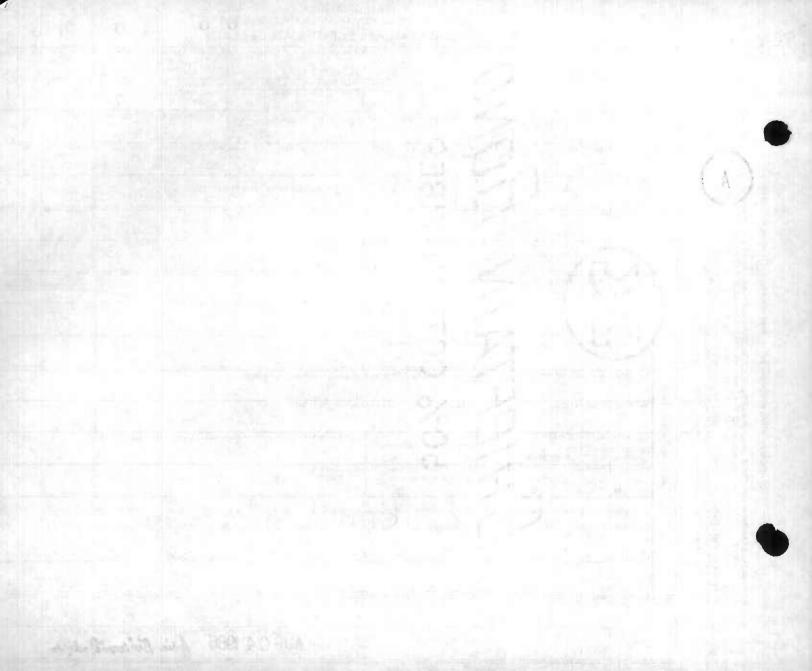
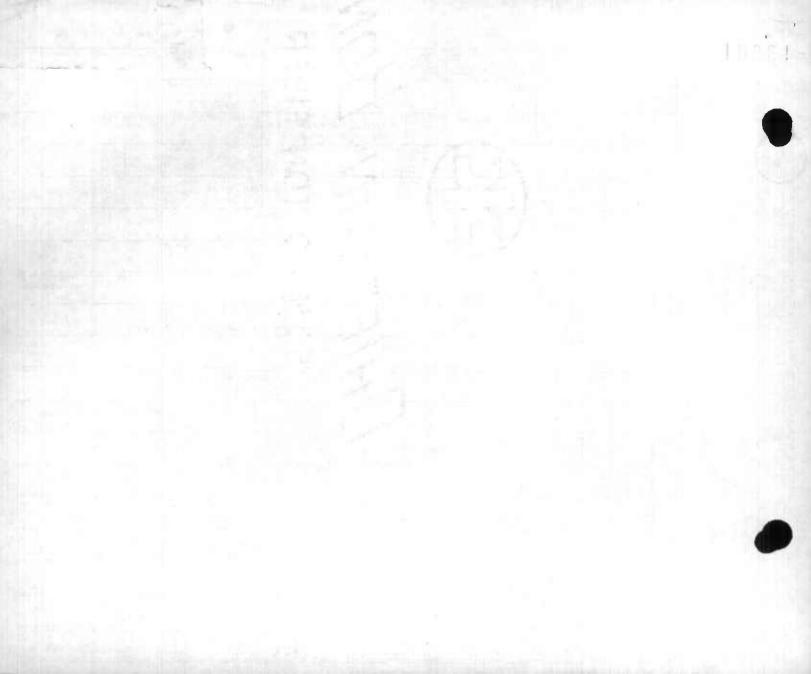
STATE OF MARYLAND



10.		1-	FOR STATE REGISTRAR				MENT OF H	EALTH		TAL HYGIN	ATH	2	0 5	4	3
10=4	5108	1. DE	CEASED NAME	FIRST	1712	MIDDLE	EXAMIN		AST	TE OF DE	20. DATE KNO	REG. NO.	ONTH DAY	YEAR	26 HOUR
	EFS. EFS.	(TYP	E OR PRINT)	Melo	ody	L.		Blac	ckiston	n	DEATH MA	oTI-	7-31	19 86	M
	PLEASE DRECTOR. DUR FILES. THOURS	3. SEX		<pre></pre>	oct 15,	1962	6 AGE (IN YEAR LAST BIRTHDAY 23	MONTHS		OURS MIN.	26. DATE PRONOUNCED DEAD		7-31	YEAR 19 86	7:00 P. M
	S S S S S S S S S S S S S S S S S S S	7a BI FO	RTHPLACE (ST REIGN COUNTRY)	ATE OR	7b. CITIZEN OF WI	HAT COUN	VTRY?	MARRIE WIDOWE		MARRIED [9 BALTIMORE	_		DEATH	
	N D S		TY OR TOWN	OF DEATH	II NAME OF HOS				-	N 12a US	UAL OCCUPATI	County ON (TYPE OF W	VORK 12b. KII	ND OF BUS	
	Contract of	100	hestert		Rt. 2,	Rt. 2, Box 658 At Hom				FOR	Clerk	Groce		cy Store	
21201	133	13a. S	at RESIDENCE (IF IN NURSING HOME C STATE 136 COUN aryland Kent		YTAL	or other institution, give residence before admission) TY 136 CITY OR TOWN Chestertown			13d. INSIDE CITY LIMITS? 13e		reet appress Le # 2 B	x 658	216	1620	
RE, MD.	PAR SATA	14 FA	THER'S NAME		Robert Lohi	r	LAST		FIRST	MAIDEN NAM	E Louise	Edwar	rds	LAST	
BALTIMORE, MD.	AFTER DE NE PAGE H FORM GGES TA ISION OF	(1)	VAS DECEASEI ES, NO, OR UNKNO 10	DEVER IN U.S. A	ARMED FORCES? VE WAR OR DATES)	MED FORCES? 166. SOCIAL SECURITY NO.			J. Robert Lohr Reference Address Box 658 Chestertown					216	20
DS, 201 W. PRESTON ST.,	HER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W OR, PAGE 3 SHOULD BE USED AS A BURIAL. THE PENTIL OR, PAGE 3 SHOULD BE USED AS A BURIAL. THE PENTIL ND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Canditian gave ris cause (a) lying cau	ns, if any, which the talk immedial stating the understating the understat	DUE TO, OR (b)	AS A CO	NSEQUENCE O	F		VEN IN PART 1 (d).					
VITAL RECORDS.	SHOULD BE E CHIEF MEDIC CHIEF AEDIC E USED AS A T OF HEALTH URIAL, CREW	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PE						AS PERFORMED?					AUTOPSY?	NO []
DIVISION OF VITAL	CERTIFICATE WITING THE WOOD TO THE SAHOULD B DEPARTMEN I PRIOR TO B	MEDICAL CER	UNDERLYING CONTRIBUTION 21d INJURY C		F DEATH 6 10 P.M	7-3	(AT HOME,	sub	oject w	as shot	CITY OR TOWN	N ITEM 18 PART 1	COUNTY		STATE
•	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BRATIMORE, MARYLAND, 2120		ATWORK	fy that I took cha	arge of the remain delitrical causes	She She	Sun	Rt.	Hemicide THE SPEC D. ASSIS	under Under CIFY)	Inquiry Inquiry Intermined manne	and in	My apinian OATE SIGNED	3-1-86	ő
	TO ME EXECU PAGE TO FU AFTER BALTIN	23a.Bi	(TYPE OR PRIN	TION, REMOVAL	ennis F. Sm	236.	NAME OF CEM	ETERY OR	CREMATORY	123d. L	St., B	alto.,	Md.	2120]	
07/84 25M	BP	24 FI	Burial	TOR 1	8/3/86	J. W	t. Paul Illis V	lells	25a.	DATE REC'D, B	estertow VREGISTRAR 2		AR'S SIGNAT	- Title	
	(VR A15 ME (5))	1	10.	Wist	Wills	Ches	tertown	, Md	. 1		0	Kither		j	



	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	BIENE 8 6	2 () 5	4 4
3681		CEASED NAME FIRST Ame	lia F	ield		LAY	July 22	1986	YEAR	26. HOUR A
ector pa	3. SE	× Female	white		S. DATE C	25, 1921 YEAR	6 AGE IN YEARS LAST BIRTH	HDAY) IF UN	HS DAYS	IF UNDER 24 HRS HOURS MIN.
merol dir	Pa	RTHPLACE ISTATE OR FOREIGN COUNTRY) RTIS. Kentucky	USA	f what country?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF Kent		DEATH	WI
by the fu	C	hestertown	111 N.	Queen St	. (At	Home)	170 USUAL OCCUPATION OF WORK FOR MOSLOF HOUSEWIFE		2b KIND OF NDUSTRY	BUSINESS OR
filled in	13a.			13c. CITY OR TOW Chestert	/N	136 INSIDE CITY LIMITS? YES X NO [13e.STREET ADDRESS / 111 N. Que		21620)
ampletely ond 2 s	1	ATHER'S NAME FIRST Brutus	Clay	LAST		15 MOTHER'S MAIDEN NA FIRST MERWAY	Agnes McE		LAST	7
te be execution and control of the region in the redical	1	WAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) JIF YES.	ARMED FORCES? GIVE WAR OR DATES)	404 20 76		Mary Clay	11 N? Queen Chesterton		21620	0
v requires that the death seen signed by the attend int. Then please remove action to burtal, cremoition, or other traumony injury, ar ather traumony	ATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 190. DATE OF OPERATION	DUE TO, (c)_ IT CONDITIONS S		ENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ERICS DITION GIVEN I		
.N. The low hysicron. Icote has be ransit permit Hygiene pr Hygiene pr Hygiene pr 18 shows an	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING		OF INJURY		21c. HOW INJURY OCCUR	YES NO D	IN CERTIFYING YES	G CAUSES (OF DEATH?
NG PHYSICIAN. attending phys attending phys ter this certifica as the buriol-tra is and Mential Hy, briked or Item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF THE EITHER NOTHEY MEDICAL EXAM. 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	DEATH HOUR A	A.M. MONTH D. P.M. E OF INJURY STREET, FACTORY, OFFICE, I	19	211 LOCATION STREET	CITYORTOV		COUNTY	STATE
AL ATTENDI ribe haspirol or AL DIRECTOR: A detoched for use one Dept of Heol		220.1 certify that his has sow the deceased alive above (I) (we) (did) (did) 22b. SIGNATURE	on 7/14	19	DEGREE ATTENDING PHYSICIAN ATTENDING PHYSICIAN DEGREE ATTENDING PHYSICIAN ATTENDING PHYSICIAN DIRECTOR PHYSICIAN TO TO TO TO TO TO TO TO TO T					
TO HOSPITAL TO FUNERAL Should be dete with the State		226 PHYSICIAN'S NAME ITY Virgini		llier		Chesterto	wn, Md. 2162	20		
BP	23a	BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY Cemetery	Paris, K	entucký	DUNTY	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR	U. I	11 h		Wells 250 DAY	23 BOD		'S SIGNATU	



10111	1-	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 2	0 5 4 5
13111	1 0 5	REGISTRAR	WIDDLE	LAST	REG. NO.	
nay be page 3 r death		OR PRINT) Mary	740	0.1	July 14, 1986	3:15 PM
ge 4 may	3. SE)	Female	4 RACE White	5. DATE OF BIRTH MONTH DAY 1903		EUNDER LYEAR IF UNDER 24 HRS. DNTHS DAYS HOURS MIN.
merel of		THPLACE (STATE OR FOREIGN COUNTRY) Pennsylvannia	76 CITIZEN OF WHAT COUNTRY?	B MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF Kent (0)	OF DEATH MD
s offer d		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN UF NOT IN SUCH FACILITY, GIVE STATES Magnolia Hall	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (17) OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
filled in	U.U.			13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP CODE Williams Drive	21661
ored within	4. F.A	THER'S NAME FIRST Michael McKeni	MIDDLE LAST	15. MOTHER'S MAIDEN N EIRST Sara I	WIGGE	LAST
e execute		VAS DECEASED EVER IN U.S. AR			ADDRESS	MD X6 216 St., Chesterto
that the death certificate by the attending physici lease remove carbonapape tol, cremation, ar removal. or ather traumatic event, th		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF T	ENCE OBSTRUCTO	DE PUL. DISEAN	
in. hos been signe permit. Then plessed any injury, o	CERTIFICATION	PART 2. OTHER SIGNIFICANT (DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 200 IF YES IN CERTIFY YES NO DO TO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
HYSICIAN: The ding physicic is certificate burial-transit Mental Hygis		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM TB. PA	
attendir iter this is the bu h and Mirked oc	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, EACTORY, OFFICE,	EARM, ETC.)	CTY OR TOWN	COUNTY STATE
STENDIS Spital or STOR: A for use of Healt		sow the deceased alive on	trail) ottended the deceosed from 1500 4 19 19 19	JAN , 19 5 , ond that in (my) (sur) apinio	n death occurred on the date and hour	9 that (1) (we) lost and from the couses stated
S T P E			11 11	1/// ATTENDING	MEDICAL STAFF	7 PM
by the hosp by the hosp LERAL DIRECT oe detoched it Stote Dept. o ANT: If Item 2		224 PHYRICALT STRANG (10)	H ROH	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	11-11-16
O HOSPITAL Stained by th O FUNERAL hould be dere	23a F	Dr. Harry Ro		27e ADDRESS	Chestera	town Md. 21620
O HOSPITAL O FUNERAL Hould be derevith the State WPORTANT:	23a E	Dr. Harry Roz BURIAL CREMATION, REMOVAL SPECIFY) Burial		W - 7/	Chesters (Chesters) 23d LOCATION CITY OR TOWN	Foun Md. 21620

the state of the s A CONTRACT OF THE PROPERTY OF and the second of the second o Parties . L Pice orange participation of the foreign and the contract of the co and the same of th Tall wase Ross , M. T. DY/YY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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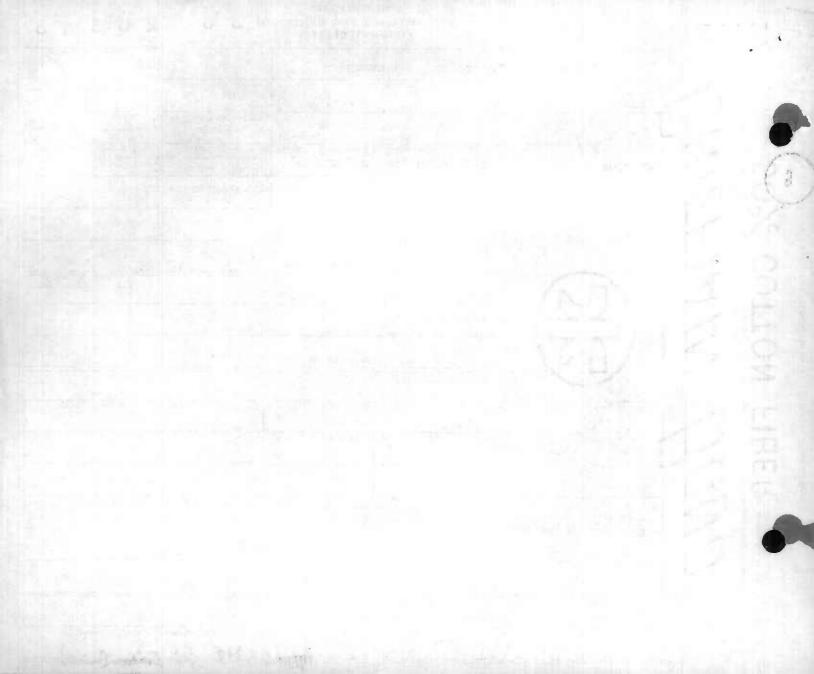
		REGISTRAR				CERTI	ICATE OF DEATH	REG.	NO.			*
T		EASED NAME	FIRST	-	AIDDLE	L	AST	20. DATE OF DEATH		DAY	YEAR	26 HOUR
	(TYPE	OR PRINT)	Harry	Gr	astafer	E	vans	BUR TO A	7-	16-	86	9:00 p
	3. SEX			4 RACE		5 DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)		DER I YEAR	IF UNDER 24 HRS
	1	Male		white		Aug.	20, DA 1916 YEAR	69	YR:		5 DATS	HOURS MIN.
1		OUNTRY	LTE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D KINEVER MARRIED	9 BALTIMORE CITY	OR COUN	NTY OF D	EATH	
		irginia	1	USA		WIDOWE		Kent				MD.
7)0 CII	TY OR TOWN O	FDEATH				OR OTHER INSTITUTION	12a USUAL OCCUPA				OF BUSINESS OR
4		esterto					's Hospital	Ret Shipya		Carpe		
1	130 S		13b COUN Ken	NTY	Rock Hal		13d INSIDE CITY LIMITS?	13e STREET ADDRES E. Sharp	S/ZIP CC	ODE (4	661
7	4 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME			LA!	ST
1		Unk	Ash	enfetti			Edith Ev					
T		AS DECEASED	EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	E. Sharp	St.	21	661	- 121 - 221
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7	CERTIFICATION	190 DATE OF O	PERATION		TION FOR WHICH		N WAS PERFORMED	20a AUTOPSY?	20b. IF IN CEI	RTIFYING	RE FINDI	NGS USED S OF DEATH?
01	ERT	21a ACCIDENT W	AS UNDERLYING				21c HOW INJURY OCCUR		ILLIPY IN ITEM	YES	DPPART 21	NO 🗌
			G CAUSE OF DE	110110	M. MONTH DA	YEAR	The room occor	KED (ENTER INNIURE OF III	JOK! IN HEM	IO PARITO	287 381 21	
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	MEC	WHILE N	NOT WHILE AT WORK		DE INJURY REET, FACTORY OFFICE, F.	ARM ETC }	STREET	CITY OR	IOWN	(OUNIY	STATE
	П		eceased alive on	- 1 1 1	e deceased from	36/0	nd that (in (my) (our) opinion	depth occurred on the	date and	, 19		thor (1) (we) lost
1		obove, (1) (we) (did)/(did no	t) view/the body	ofter death.		DEGREE		agre and			SIGNED,
ł		Zanger	_	Collei-			ATTENDING	MEDICAL ST	AFF		7/	17/86
1			N'S NAME (TYPE				22e ADDRESS	- DIALCTON D FILL	ACTAIN L			, , , ,
		VIRGIN	J.A U	1. 00	WER		PO BOX	599,0	YEST.	E1261	مرروح	1 mo 21
	23a. B	URIAL, CREMAT SPECIFY) Buri	ION, REMOVAL	7/19/			Chapel Cem.	Rock Hall	L, Md	COL	INTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

2 FUNGRAL DIRECTOR

BP.

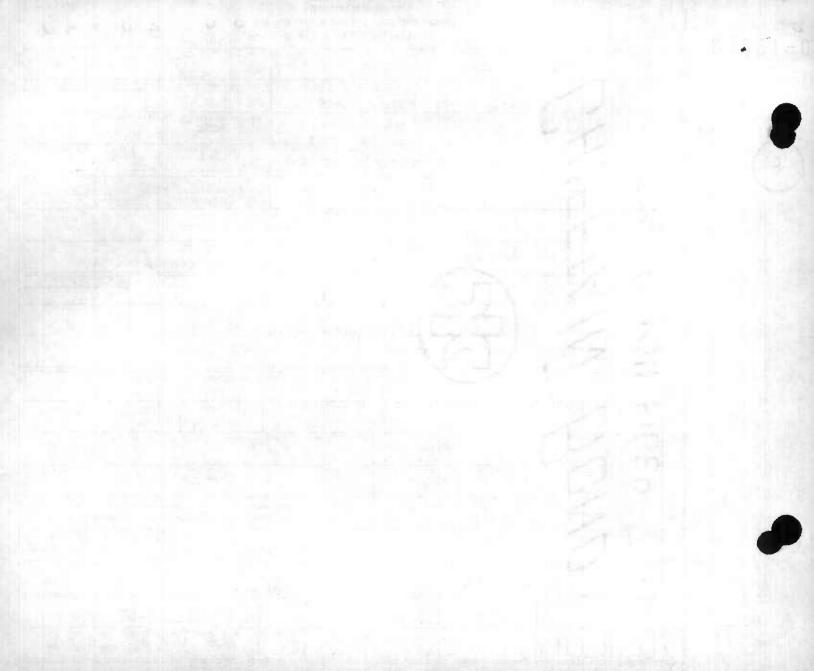
JORES Willis Wells Chestertown, Md. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

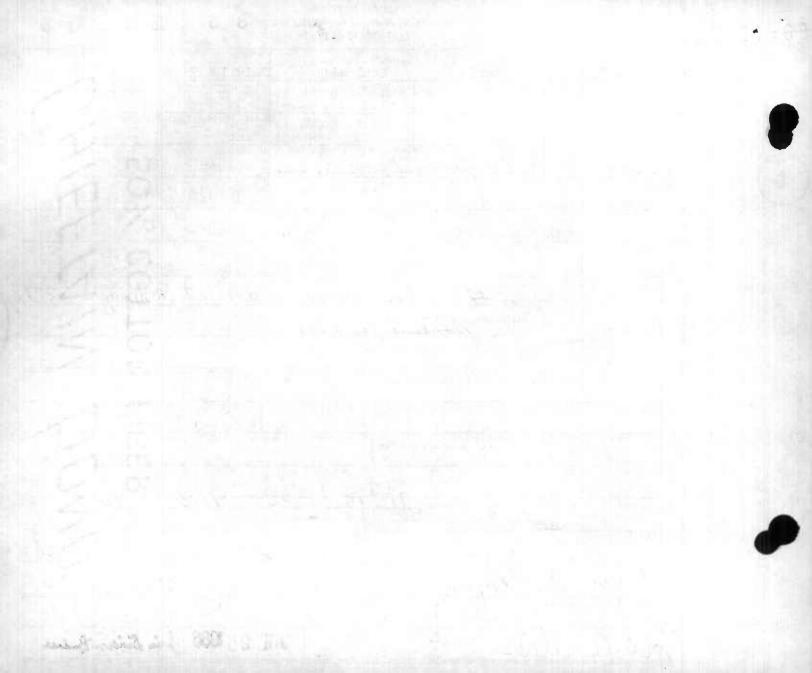


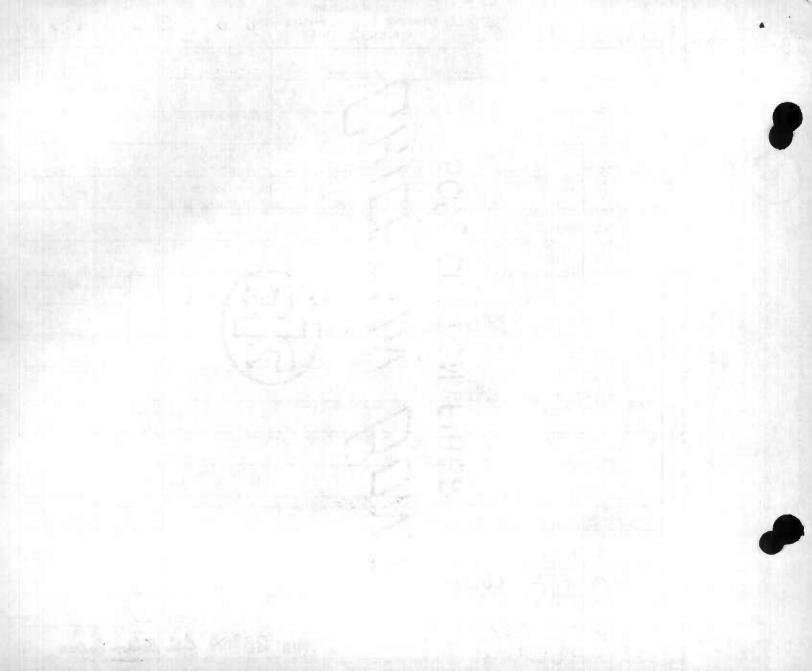
Chestertown, Md.

(VRA 15, 4)

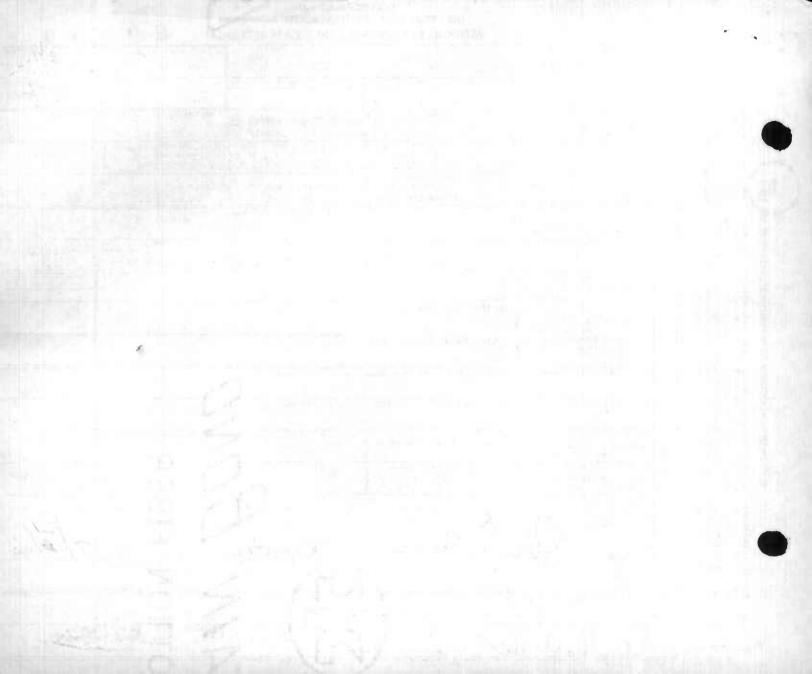
STATE OF MARYLAND







STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICA REGISTRAR DECEASED NAME 20. DATE KNOWN COMONTH (TYPE OR PRINT) ESTI-NERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET, GRACE 7/19/86。 NOLAND DEATH MATED Anne 4 RACE DATE OF BIRTH 3 SEX A AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE BIRTHDAY) PRONOUNCED 10/3/1905 7/19/1986 female white DEAD To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland USA WIDOWED DIVORCED Kent 120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Kent & Oueen Anne Hospital Sales person Chestertown USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland 21620 Kent Chestertown YES XX NO Mill St. 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST LAST Ida Cosden Joseph Noland DIVISION ADDRESS Mill St.21620 17. INFORMANT 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 218 16 7881 Marjorie D. Bramble Chestertown, Md. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ATION, OR REMOVAL. ASCVD IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in ED AS A B CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD," PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER EDEARTMENT OF HE BAITTER DEARLY, WITH THE STATE DEPARTMENT OF HE BAITTMORE, MARYLAND, 21201 PRIOR TO BURGAL, YES | NO M 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME, 21f. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Undetermined manner death resulted fram: Accident Hamicide TITLE (SPECIFY) ACTUAL SIGNATURE Robert W. Farr Chestertown Kent County/ Maryland EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 7/23/86 21620 Burial Chester Cemetery Chestertown, Md. BP. 250 10 A TE RECIDEBY TO SERVE STORE AND REGISTRAR'S SIGNATUR ALINE FAL DIRECTOR J. Willis Wells **DHMH - 17** ADDRESS Chestertown, Md. (VR A15 ME (5)) 20M 4/82



KK /	1	FOR			DEPART			AND MI	ENTAL H	YGIENE						
00-180667	1-	STATE REGISTRAR								PDEATH	2 PEG	0 5	5			
00 140.	1. DE	CEASED NAM	E FIRST		WIDDLE			LAST		2a. D.	ATE KNOWN	MONTH	OAY YEAR	2b. HOUR		
SS. ES.	1	FE OR FRINT)	WAYNE	ARNOLD E	PATTER	SON				DE	OF ESTI-	☐ July	8 1986 5:30 DAY YEAR 2d HOU			
PLEA ECTO FILL HOU	3 SE	X	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE	ARS IF UN		IF UNDER 2		DATE	MONTH				
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PELAY PAGE PERIOD PERIO								PILAI		Equip	tment	Operato	r (Heav	y)		
FANY DELAY IS NEG AND 3 TO THE FUN HELAIN PAGE 5 F SICKLID BEFLIED, W	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS 136. Hawthorne Ave.								e. á	21661						
F., BALTIMORE, MD. 2120 URS AFTER DEATH. IF ANY 8. GIVE PAGES 1, 2, AND WITH FORM PM 3. FEH IT. PAGES 1 AND 2 SHOUL DIVISION OF WAR RED	14. F.	ATHER'S NAMI	nderson P	atterson,	Jr.	AST		FI	elyn J		MIDDLE		LAST			
TER DE PAGES 1	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT (wife)										Wthorne	Ave	11-12-11			
S. AF. GIVE ITH I		no				34 779	93	Margai	ret Pa	tterso	n Roc	k Hall,	Md. 21	661		
ST. NOUR NIT. MAIT.		18 CAUSE C	F DEATH (Enter and	ly ane cause per line	far (a), (b),	and (c).)	on or	etro	No.				BETWEEN ONSE	T AND DEATH		
THE 24 H THE STAND ALONG ANSIT PERV AL HYGIEN REMOVAL.	-	1977	IMMEDIAT	DUE TO, OR				5010	M.C							
E HASI			ns, if any, which			02.402.402										
OR B		cause (a	se to immediate) stating the <u>under-</u>	DUE TO, OR	AS A CON	SEQUENCE	OF									
ON WALL		lying cau	use last.	(c)_												
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WITAL SHOUL CHIEF CHIEF URAL	IFIC												YES 🗆	NO X		
OF VITA ATE SHO THE CHIE OLD BE US MENT OF BUSE TO B	CER		AL CAUSE WAS	21b. TIME OF		DAY YEAR	21c HC	W INJURY	OCCURRED	(ENTER NATURE	OF INJURY IN ITE	M 18 PART 1 OR PART		NO ES		
ON OFFICE ON		UNDERLYING	G OR NG CAUSE OF D			19										
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- AAAKE		AT WORK	NOT WHILE											017112		
ATE, TATE, DR. P.		22a I certi	fy that I took charg	e of the remains des	cribed abov	re, held an	Autops	y .	Inspection	X Inc	quiry .	and in my api	non			
MINING BE	1	death result	ed fram: Natur	al causes .	Accident	, Su	icide .	Hamic	ide .	Undetermine	ed manner],				
MAN WAR	100	ACTUAL	11/15	12/1	20	,		TITLE (SE	PECIFY)			DATE		01		
ZES ZES Z		SIGNATURE.	Pi	V	CI.	- 4 4-	M.	D	C - N	MEDICAL E		SIGNED	7-10-	-86		
A STATE OF THE STA	1	EXAMINER'S	NAME KODERT	W. Farr	Une	stert		Nent DDRESS_	CO. P.	Marylan	ıa					
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM. TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a B		TION, REMOVAL 2	36 DATE	23c. N	AME OF CEA	AETERY OF	CREMATO	ORY	23d. LOCATIO	ON	COUNT		TATE		
BP		rematic	4.4	uly 11, 1	986	Silver	brook	Crem	atory	Wiln				MIE		
DHMH - 17	24 F	WERAL DIRECT	TOR OA I	1 A DRESS	J. Wi	llis	Wells	2	250. DATE RE	1 5 198	STRAR D. R	i, Del. EGISTRAR'S SIG	SNATURE			
(VR A15 ME (5)) 20M 4/82		Ju	Mhol	velle	Chest	ertow	n, Md			1 2 130	Julia Julia	Devidson	-Mandage			
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED MINNE 20. DATE KNOWN MONTH OF ESTI-DEATH MATED July 13,86 Speaks Arthur 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS. LAST BIRTHDAY) PRONOUNCED DEAD 1986 Feb. 61 Black Male 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Kent County WIDOWED -DIVORCED USa Maryland
10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Labor At Home Chestertown ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136. COUNTY 13L CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 202 Cannon Street hestertown YES H NO [] Kent Maryland 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE LAST LAST FIRST Unk. Unk. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) WW#2 Yes 218-14-1367 Mrs. Clara M. Brown Chestertown. DIVISI 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DE ATH WAS CAUSED BY: BURIAL - TRANSIT PERMI AND MENTAL HYGIENE, VATION, OR REMOVAL. 10 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURNAL, CREMATION, C lying cause last. CAL EXA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION ARDED TO THE CHIEF A VGE 3 SHOULD BE USED, ATE DEPARTMENT OF HE 201 PRIOR TO BURNAL, 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK AT WO STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWARD TO **FUNERAL DIRECTOR:** PAGE ATER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 2120 220 I certify that I took charge of the remains described above, held on Inspection / and in my opinion death resulted from: Homicide L Undetermined manner Notural couses ILLE (SPECIFY) SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Farr M. D. ADDRESS Chestertown Maryland (TYPE OR PRINT) 23a BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY July17,86 Janes Cemetery Burial Kent BP hestertown 24 FUNERAL DIRECTOR 1256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5)) Chestertown 20M 4/82

Same San San Marchia to court to our rest. bish withou the and an analyzak thestertown it ome remained and line tene . 4.77 ela-1.-1. | The large sales as grown vocase fart -11-ela Triel got the sent, for sent the got the least on . The Low Leave to the land of the leave the l